Case 2:15-bk-50732 Doc 45 Filed 11/28/16 Entered 11/28/16 21:43:05 Desc Main Document Page 1 of 5

Fill	in this information to identify your c	ase:				I				
	otor 1 Sana B. Bar									
	otor 2				_					
Uni	ted States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF OHIO							
Cas	se number 2:15-bk-50732					Chec	k if this is:			
(If kr	nown)		-			■ A	n amende	ed filina		
						□ A	suppleme	ent showing	g postpetition ollowing date:	
O.	fficial Form 106I					M	IM / DD/ Y	YYYY		
S	chedule I: Your Inc	ome				10	IIVI / DD/ 1			12/15
atta	use. If you are separated and you ch a separate sheet to this form. t1: Describe Employment Fill in your employment information.						umber (if	known). A		
							□ Employed			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed□ Not employed				☐ Not employed			
		Occupation	Human Resour	ces						
	Include part-time, seasonal, or self-employed work.	Employer's name	Columbus Urba	ın Leag	ue					
	Occupation may include student or homemaker, if it applies.	Employer's address	Employer's address 788 Mount Vernon Ave Columbus, OH 43202		!					
		How long employed t	here? 1 mont	h			_			
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write	\$0 in the	space. Inc	clude your noi	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	empl	oyers for	that perso	on on the li	nes below. If y	you need
						For Dek	otor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4	,166.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	4,16	66.00	\$	N/A	

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Debt	tor 1	Sana B. Barrett			Ca	ase number (<i>if knov</i>	vn)	2:15-bl	k-50732		
				_							
					ı	For Debtor 1			ebtor 2 o		
	Cor	y line 4 here		4.	_	4,166.0	20	\$	ling spo	N/A	
	COL	y iiiie 4 iieie		٦.	`	4,100.0	<i></i>	Ψ		IV/A	
5.	List	all payroll deduct	ions:								
	5a.		and Social Security deductions	5a.	. :	505.1	10	\$		N/A	
	5b.		ributions for retirement plans	5b.		503. 5		\$		N/A	
	5c.		ibutions for retirement plans	5c.		0.0		\$		N/A	
	5d.	-	ments of retirement fund loans	5d.		·		\$		N/A	
	5e.	Insurance		5e.	. 9	350.0		\$		N/A	
	5f.	Domestic suppo	ort obligations	5f.	9	0.0	00	\$		N/A	
	5g.	Union dues		5g.	. :	0.0	00	\$		N/A	
	5h.	Other deduction	ns. Specify:	5h.	.+ :	0.0	00	+ \$		N/A	
6.	Add	I the payroll deduc	ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	855.1	19	\$		N/A	
7.	Cal	culate total month	ly take-home pay. Subtract line 6 from line 4.	7.	\$	3,310.8	31	\$		N/A	
8.	List 8a.	Net income from profession, or fa Attach a stateme	regularly received: In rental property and from operating a business, It is a business, It is a business, It is a business showing gross It is a business expenses, and the total								
		monthly net incor		8a.	. :	0.0	nn	\$		N/A	
	8b.	Interest and div		8b.		0.0		\$		N/A	
	8c.		payments that you, a non-filing spouse, or a dependen					·		1471	
			spousal support, child support, maintenance, divorce					_			
		•	property settlement.	8c.				\$		N/A	
	8d.	Unemployment	compensation	8d.				\$		N/A	
	8e.	Social Security	ant accietance that you remularly receive	8e.	. ;	0.0	<i>J</i> U	\$		N/A	
	8f.	Include cash ass that you receive,	ent assistance that you regularly receive istance and the value (if known) of any non-cash assistanc such as food stamps (benefits under the Supplemental nce Program) or housing subsidies.	e 8f.	Ş	\$ 0. 0	10	\$		N/A	
	8g.	Pension or retire	ement income	— 8g.		·		\$		N/A	
	8h.	Other monthly in		8h.			00 -			N/A	
		,,,		_	_			_		,,	7
9.	Add	l all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.0	00	\$		N/A	
10.	Cal	culate monthly inc	come. Add line 7 + line 9.	10.	\$	3,310.81 +	\$		N/A =	\$	3,310.81
		•	10 for Debtor 1 and Debtor 2 or non-filing spouse.		· —	0,010.01	-			· —	0,010101
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00										
12.			e last column of line 10 to the amount in line 11. The re								
	арр		and the second s						12. \$		3,310.81
										mbin	ea / income
13.	Do :	you expect an incr	rease or decrease within the year after you file this form	1?							, income
	_	Yes. Explain:	Child curport and d C/2040								
		i es. Explain.	Child support ended 6/2016								

Official Form 106I Schedule I: Your Income page 2

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Fill	in this informa	tion to identify yo	our case:			I						
	otor 1	Sana B. Barr				Cł		if this is:				
Debtor 2 (Spouse, if filing)							A supplement showing postpetition chapter 13 expenses as of the following date:					
Unit	ed States Bankr	uptcy Court for the	SOUTH	ERN DISTRICT OF OH	IIO		М	M / DD / YYYY				
	e number 2:	15-bk-50732										
Of	fficial Fo	rm 106J				-						
S	chedule	J: Your l	Exper	ises					12/1			
Be info	as complete a	and accurate as	possible eded, atta	If two married people ch another sheet to th								
Par		ibe Your House	hold									
1.	Is this a joir											
	■ No. Go to □ Yes. Doe	o line 2. es Debtor 2 live i	n a separ	ate household?								
	□ N □ Y	-	st file Offici	al Form 106J-2, <i>Expens</i>	ses for Separate House	ehold of D	ebtor	· 2.				
2.	Do you have	e dependents?	□ No									
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent				Dependent's age	Does dependent live with you?			
	Do not state dependents				Son			17	□ No ■ Yes			
					Daughter			18	□ No ■ Yes			
									□ No □ Yes □ No			
									☐ Yes			
3.	expenses o	penses include f people other tl d your depende	han □	No Yes								
exp	imate your ex		our bankr	uptcy filing date unles					apter 13 case to report f the form and fill in the			
the		h assistance and		government assistanc luded it on <i>Schedule i</i>				Your expo	enses			
4.		or home owners		ses for your residence r lot.	. Include first mortgag	e 4.	\$		0.00			
	If not includ	led in line 4:										
	4a. Real e	estate taxes				4a.	\$		0.00			
	4b. Prope	rty, homeowner's				4b.	\$		150.00			
		maintenance, re owner's associat		ipkeep expenses		4c.	- : -		0.00			
5.				our residence, such as	home equity loans	4d. 5.	\$		0.00			

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Debtor 1	Sana B. Barrett	Case num	ber (if known)	2:15-bk-50732					
. Utili	ties:								
6a.	Electricity, heat, natural gas	6a.	\$	300.00					
6b.	Water, sewer, garbage collection	6b.	\$	75.00					
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	· : —	150.00					
6d.	Other. Specify:	6d.	·	0.00					
			·						
	d and housekeeping supplies	7.	· -	800.00					
_	dcare and children's education costs	8.	\$	30.00					
	hing, laundry, and dry cleaning	9.	\$	80.00					
	sonal care products and services	10.	\$	85.00					
. Med	lical and dental expenses	11.	\$	50.00					
	nsportation. Include gas, maintenance, bus or train fare.	4.0	•	225.00					
	not include car payments.	12.		325.00					
B. Ente	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	65.81					
. Cha	ritable contributions and religious donations	14.	\$	0.00					
. Insu	rance.		-						
Do r	not include insurance deducted from your pay or included in lines 4 or 20.								
15a.	Life insurance	15a.	\$	0.00					
15b.	Health insurance	15b.	\$	0.00					
15c.	Vehicle insurance	15c.	\$	105.00					
15d.	Other insurance. Specify:	15d.	·	0.00					
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		·	0.00					
Spe		16.	\$	0.00					
	allment or lease payments:		T	0.00					
	Car payments for Vehicle 1	17a.	\$	0.00					
	Car payments for Vehicle 2	17b.	·	0.00					
	Other. Specify:	17b.	·						
				0.00					
	Other. Specify:	17d.	\$	0.00					
	r payments of alimony, maintenance, and support that you did not report as		¢	0.00					
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.	· -						
	er payments you make to support others who do not live with you.	4.0	\$	0.00					
Spe	•	19.							
	er real property expenses not included in lines 4 or 5 of this form or on Sch								
	Mortgages on other property	20a.	·	0.00					
20b.	Real estate taxes	20b.	\$	0.00					
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00					
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00					
20e.	Homeowner's association or condominium dues	20e.	\$	0.00					
. Othe	er: Specify:	21.	+\$	0.00					
				0.00					
	culate your monthly expenses								
22a.	Add lines 4 through 21.		\$	2,215.81					
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$						
	Add line 22a and 22b. The result is your monthly expenses.		\$	2,215.81					
				2,213.01					
. Calc	culate your monthly net income.								
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,310.81					
23b.	Copy your monthly expenses from line 22c above.	23b.	· -	2,215.81					
				2,2.001					
230	Subtract your monthly expenses from your monthly income.								
_00.	The result is your <i>monthly net income</i> .	23c.	\$	1,095.00					
	The result to your mentally net mounts.								
. Do v	ou expect an increase or decrease in your expenses within the year after y	ou file this	form?						
For e	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a								
modi	fication to the terms of your mortgage?								
	lo.								
□ Y									
ı	U. LAPIGIT HOLD.								

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Fill in this info	ormation to identify your	case:		
Debtor 1	Sana B. Barrett			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number	2:15-bk-50732			
(if known)				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is N	OT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that they are true and correct. X /s/ Sana B. Barrett	ad the summary and schedules filed with this declaration and
Sana B. Barrett Signature of Debtor 1	Signature of Debtor 2
Date November 23, 2016	Date